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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  20022/42179		
Application Number	10/584,874-Conf. #7927	Filed  June 7, 2007		
For GLUTATHIONE DERIVATIVES AND THEIR USES FOR THE TREATMENT OF VIRAL DISEASES				
Art Unit  1654	Examiner  R. T. Niebauer			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee  \$130	Small Entity Fee  \$65	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee  \$490	Small Entity Fee  \$245	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee  \$1110	Small Entity Fee  \$555	\$ 555.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee  \$1730	Small Entity Fee  \$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee  \$2350	Small Entity Fee  \$1175	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card.				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> .				
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,361</u>				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34 <u>James J. Napoli</u>				
 Signature				
July 14, 2009 Date				
<u>James J. Napoli</u> Typed or printed name				
(312) 474-6300 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			